

Partnering to Keep
California Safe

Registration Form

YES! Please register me for the Partnering to Keep California Safe Public Safety Conference.

Name: _____

Title: _____

Agency/Organization Affiliation: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

To help us plan for all conference attendees' needs, please indicate any special arrangements you may need no later than March 24, 1997. _____

Method of Payment

Please check the appropriate boxes:

☐ **\$195** Registration Fee (*prior to March 17*)

☐ **\$250** Registration Fee (*on or after March 17*)

☐ Check#: _____
(make payable to CSUS Foundation)

☐ Visa/Mastercard/American Express (circle appropriate one)
_____ Exp. Date _____

Signature: _____

☐ Purchase/Money Order#: _____
(Attach a copy)

Mail payment and completed form to **Partnering to Keep California Safe Public Safety Conference**, c/o CSUS Business Services Bureau, 7750 College Town Drive, Suite 102, Sacramento, CA 95826